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CHAPTER 13 PLAN UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF MISSISSIPPI

								(CASE NO
Debtor Lenard	V Umberge	er		SS#	xxx-xx-1196	Med	lian Income	Above	 Below
	oann A Uml				xxx-xx-8013				W Below
Address 5346 0	Old Hwy 72	Ashland, MS 38	603-0000						
THIS PLAN DOES							ınder any p	lan that may	be confirmed.
PAYMENT AND L The plan period sh 60 months for abo	all be for a p	period of36		ot to b	e less than 36 m	onths for belo	w median ir	come debtor(s	s), or less than
					/ weekly / bi-wee be issued to Del				
ordered b	y trie Court,		ng paymen	t Silali	De Issueu to Dei		-	Jwilig address	•
							_		
(B) Joint Deb otherwise	otor shall pay e ordered by	the Court, an Or Direct Pay	er (monthl) der directir	y / ser ng pay	mi-monthly / we ment shall be iss	ekly / bi-week ued to Debtor	(ly) to the ('s employer	Chapter 13 Tru at the followin	stee. Unless g address:
PRIORITY CREDI Filed claims that a Internal Revenue Mississippi Dept.	re not disallo Service:	. \$	0.00	ordere		0.00	-	/month	
Other/			0.00			0.00		/month	
DOMESTIC SUPP	ORT OBLIC	SATION DUE TO):						
POST PETITION		NI: In the emoun	ot of C par r	nonth	-NONE	•			
To be paid	direct,	th				throug	h the plan.		
PRE-PETITION A To be paid					shall be paid the leduction		per month gh the plan		
HOME MORTGAG objection by a part continuing monthly	y in interest, / mortgage p	the plan will be	amended c						
MTG PMTS TO:	-NONE-	.r-		EGINI				PLAN DIR	
MTG ARREARS	TO: <u>-NOI</u>	NE-		ΓHRO	UGH	ֆ _	(*Inclu	@\$ ding interest a	/MO*
MORTGAGE CLA							(111010	Ū	. 70)
Creditor: Property Address:	-NONE	.			x. amt. due: lated taxes and/o	r insurance es	scrowed	Int. Rate: Yes	No
Troporty Address					atou taxoo ana, o	i inouranoo o	olowou	100	140
NON-MORTGAGE 1325(a)(5)(B)(i)(I) secured claimants treated as a gener	until the pay the sum set	ment of the debt out below or pur	determine	d as u	nder non-bankru	otcy law or dis	scharge. Su	ch creditors sh	all be paid as
			. .	0.4	ABBBBB			IN 17	PAY VALUE
CREDITOR'S NA	ME C	OLLATERAL	91 CL		APPROX. AMT. OWED	\	/ALUE	INT. RATE	OR AMT. OWED
Capital Loans of Mississippi, Inc.		006 Saturn Vue 00000 miles	X		6,248.00	3,	100.00	5.00%	Pay Value

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*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
1st Franklin Financial	All property exempt or broken/discarded	2,490.00	0.00
1st Franklin Financial	All property exempt or broken/discarded	2,448.00	0.00
Capital Loans of Mississippi	All property exempt or broken/discarded	1,140.00	0.00
Fidelity National Loans	All property exempt or broken/discarded	781.00	0.00
Republic Finance, LLC		3,337.56	0.00
Tower Loan Of Ripley	All property exempt or broken/discarded	4,075.00	0.00

Tower Loan Of Ripley	broken/discarded		4,075.00				
STUDENT LOANS which are not be included in the general	e not subject to discharge pursuant al unsecured total):	to 11 U.S.C. §§ 523(a)(8)	and 1328(c) are as follo	ws (such debts shall			
CREDITOR'S NAME -NONE-	APPROX. AMT. OWED	CONTRACTUAL MO	. PMT. PROPOSE	T. PROPOSED TREATMENT			
SPECIAL PROVISIONS for payments:NONE	all payments to be paid through the	plan, including, but not lim	ited to, adequate protec	etion			
receive payment as follows:	EBTS totaling approximately \$29, IN FULL (100%) or48% stribution. Those general unsecure	(percent) MINIMUM, or a t	otal distribution of \$	_, with the Trustee to			
Total Attorney Fees Charge Attorney Fees Previously Pa Attorney fees to be paid in p	aid \$ 200.00						
The payment of administrative	ve costs and aforementioned attorned	ey fees are to be paid purs	uant to Court order and	or local rules.			
Automobile Insurance Co/Agent			Attorney for Debtor (Name/Address/Phone # / Email) Robert H. Lomenick 104186				
		126 North Sprin Post Office Box Holly Springs, M	417				
Telephone/Fax		Telephone/Fax	662-252-3224				
		Facismile No.	662-252-2858				
		E-mail Address	karen.schneller@gn	nail.com			
DATE: June 5, 2017	DEBTOR'S SIGNATUR	RE					
	JOINT DEBTOR'S SIGNAT						
	ATTORNEY'S SIGNAT						

Effective: October 1, 2011